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FLOOR DEBATE

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afford the "copay". Sue Miller, who's a transplant coordinator at Nebraska Health System in Omaha, said, I meet with patients every day who are interested in transplantation. Their nephrologists have referred them to me for consideration for a transplant. Part of the process of evaluation is meeting with a financial counselor to see what their benefits are, so they know up-front what their costs will be, and many of these patients, after they've met with their financial counselor, tell me they simply can't afford to have a transplant. And there is testimony from Marge Monnier, who talks about...and she is a...the financial counselor, telling us that the average dialysis patient's yearly treatments can average \$84,000 a year. A transplant patient's medication can average \$12,000 to \$20,000 but, because of the issue of "copay" and because of limitations of the Medicare Program and, as you can see on here, a lot of other issues, this is becoming very difficult for the average person to be able to...to go forward. And I quoted Barbara Anderson, who's manager of the Organ and Tissue Donor Task Force of Nebraska, on the front page of the blue sheet because I feel, as policymakers, this is probably the strongest argument in favor of setting up this program, and that's the feeling that transplantation is just going to get to be a program that the rich can afford and that the moderate income people, because of the "copays", because of caps on insurance, people who want to go back to work, and we want them to be able to go back to work, are...are going to have to stay sick in order to get covered. That's not what out...where our policy should be heading. And, with that, I will close on this bill and urge you to support it. I think it's good public policy for the state to create this fund and begin a process of being the payee of last resort. They will have been through every other possible way of paying for this before they can even come to the state, so we're...and will have to demonstrate that, that we can help these moderate and low-income Nebraskans be able to continue to work, to get their lives back in line and not go to the terrible tragedies that we know of where people just stop taking the right amount of medication or stop taking medication at all, and...and, in a way, just choose to die rather than to put their families at risk of financial ruin. And, with that, I would ask your support of this bill.